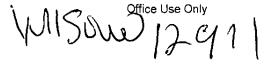
## 115000003501

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ddress)            |           |
| (Ac                     | ldress)            |           |
| (Ci                     | ty/State/Zip/Phone | #)        |
| PICK-UP                 | MAIT WAIT          | MAIL      |
| (Ви                     | usiness Entity Nam | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         | •                  |           |
|                         |                    | -         |
| <u></u>                 |                    |           |



APR 0 9 2015

T. SCOTT



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02/20/15--01017--011 \*\*78.75

15 APR -6 AM 9: 13



March 18, 2015

ANGELA MITCHELL 2904 NW 25TH LANE CAPE CORAL, FL 33993

SUBJECT: JOJO BRUNSON & PAUL BALDWIN FOUNDATION INC

Ref. Number: W15000012971

We have received your document for JOJO BRUNSON & PAUL BALDWIN FOUNDATION INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 515A00005318

## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Jojo Brunson & Paul Baldwin Foundation INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| inclosed is an original a | nd one (1) copy of the Ar                  | ticles of Incorporation and          | a check for:                                     |
|---------------------------|--|--------------------------------------|--|
| ☐ \$70.00<br>Filing Fee   | \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate |
|                           |  | ADDITIONAL CO                        | PY REQUIRED                                      |

| FROM: | Angela Milchell  |
|-------|--|
|       | Name (Printed or typed)  |
|       | 2904 NW 25th Lane  |
|       | Address  |
|       | Cape Coral FL 33993  |
|       | City, State & Zip  |
| 23    | 9-834-7343<br>Daytime Telephone number   |
| (     | angeladmie yahuo. Com E-mail address: (to be used for future annual report notification) |

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

| RTICLE he name of  |   |  |  |              |   |
|--|---|--|--|--------------|---|
| RTICLE )   | II PRINCIPAL OFFICE   |  |  |              |   |
| 29   | Principal <u>street</u> address:<br>04 NW 25th Lane   |  | Mailing address, if different is:  | 15 Ap        | _ `                                     |
| C  | ape Coral Fl. 33993   |  |  | 3-6          | .;<br>                                  |
|  |   |  |  | AH           | 'ag                                     |
|  | for which the corporation is organized is:  |  | se for this corporation is to a  |              | 1                                       |
|  |   |  | heir educational goals. The  |              |   |
|  |   | ams alive                                  | for the 2 young men that le  | ost their    | Г<br>~                                  |
| gun y  | violence.   |  |  |              | _                                       |
|  |   |  |  |              | _                                       |
|  |   |  |  |              |   |
|  |   |  |  |              |   |
|  |   |  | 71.  | 1001         |   |
| RTICLE 1   | IV MANNER OF ELECTION The   | manner in which                            | the directors are elected and appointed:   | decl         | ~                                       |
| RTICLE )   | TV MANNER OF ELECTION The   | manner in which                            | the directors are elected and appointed: ELe   | decl         |   |
|  | V INITIAL OFFICERS AND/OR I   | DIRECTORS                                  | the directors are elected and appointed: Ele   | decl         |   |
| RTICLE   | V INITIAL OFFICERS AND/OR D   | DIRECTORS                                  |  | decl<br>Ves. | ======================================= |
| RTICLE   | V INITIAL OFFICERS AND/OR I   | DIRECTORS<br>(PCS)<br>Name and Til         |  |              | ======================================= |
| RTICLE   | v INITIAL OFFICERS AND/OR I<br>SLC., VICE<br>tle: Angela Mitchell,CEO;€€  | DIRECTORS                                  | <sub>lle:</sub> Deloria Dillard  |              |   |
| RTICLE   | v INITIAL OFFICERS AND/OR I<br>SLC., VICE<br>tle: Angela Mitchell,CEO;€€<br>2904 nw 25th lane   | DIRECTORS<br>(PCS)<br>Name and Til         | Deloria Dillard Pes, 2157 Davis Ct.  |              | 1                                       |
| enter and Titled   | V INITIAL OFFICERS AND/OR I<br>Slc., Vice<br>ale: Angela Mitchell, CEO;   | DIRECTORS  PES (  Name and Tit  Address:   | Deloria Dillard 2157 Davis Ct. Fort Myers,Fl 33916   | Tes.         |   |
| RTICLE  ime and Til  idress  me and Til                    | v INITIAL OFFICERS AND/OR INITIAL OFFICERS AND/OR IN SEC. SUICE S | DIRECTORS  PES (  Name and Tit  Address:   | Deloria Dillard 2157 Davis Ct. Fort Myers,Fl 33916   |              | +                                       |
| me and Tildress  | V INITIAL OFFICERS AND/OR IN SLC., VICE  11e: Angela Mitchell,CEO; 2904 nw 25th lane  Cape Coral,Fl 33993  11e: Sherena Strong —Truste  | Name and Tit                               | Deloria Dillard 2157 Davis Ct. Fort Myers,Fl 33916 Jalissa Mitchell  | Tes.         | +                                       |
| me and Titledress  | NITTIAL OFFICERS AND/OR INTERIOR SLC. NICE  Slc. NICE Angela Mitchell, CEO; State 2904 nw 25th lane Cape Coral, Fl 33993  tle Sherena Strong Truste 2157 Davis Ct Fort Myers, Fl 33916  | Name and Tit  Address:  Address:  Address: | Deloria Dillard  2157 Davis Ct.  Fort Myers,Fl 33916  Jalissa Mitchell  2904 NW 25th Lane  Cape Coral,Fl 33993 | Tes.  Dire o | <del>-</del>                            |
| ame and Titildress  ame and Titildress  ame and Titildress | NITTIAL OFFICERS AND/OR IN SLC., VICE  11e: Angela Mitchell, CEO; 2904 nw 25th lane  Cape Coral, Fl 33993  11e: Sherena Strong — Truste  2157 Davis Ct  Fort Myers, Fl 33916  | Name and Tit  Address:  Address:  Address: | Deloria Dillard  2157 Davis Ct.  Fort Myers,Fl 33916  Jalissa Mitchell  2904 NW 25th Lane  Cape Coral,Fl 33993 | Tes.  Dire o | <del>-</del>                            |
| RTICLE I   | NITTIAL OFFICERS AND/OR INTERIOR SLC. NICE  Slc. NICE Angela Mitchell, CEO; State 2904 nw 25th lane Cape Coral, Fl 33993  tle Sherena Strong Truste 2157 Davis Ct Fort Myers, Fl 33916  | Name and Tit  Address:  Address:  Address: | Deloria Dillard  2157 Davis Ct.  Fort Myers,Fl 33916  Jalissa Mitchell  2904 NW 25th Lane  Cape Coral,Fl 33993 | Tes.  Dire o | +                                       |

| Name and Title      | Sparry Dillard - Trus   | Name and Title:  |
|---------------------|---|--|
| Address             |   | Address:   |
|                     | Ft Muers F1339 N  | 4  |
|                     |   |  |
| Name and Title      | N   | Jama and Title   |
|                     |   | Name and Title:  |
| Address             | A   | Address:   |
| -                   |   |  |
| -                   |   | <del></del>  |
|                     |   |  |
| ARTICLE VI          | REGISTERED AGENT Florida street address (P.O. Box NOT acceptate                                       | hier of the registered agent is:   |
|                     | Angela Mitchell   | or the registered agent is.  |
| Name:               | 2904 NW 25th Lane   | <del></del>  |
| Address:            | Cape Coral, FL 33993  | <del></del>  |
|                     |   | •  |
| ARTICLE VII         |   |  |
|                     | ddress of the Incorporator is: Angela Mitchell  |  |
| Name:               | 2904 NW 25th Lane   | <del></del>  |
| Address:            | <del></del>   |  |
|                     | Cape Coral, Fl 33993  |  |
| Having been na      | med as registered agent to accept service of r  | process for the above stated corporation at the place designated in this |
| certificate, I am j | familiar with and accept the appointment as re  | egistered agent and agree to act in this capacity                        |
| Aneil               | la Witches  | 2/15/15  |
| Y                   | Required Signature of Registered Age  | ent Date   |
| I submit this doci  | ument and affirm that the facts stated herein a<br>nt of State constitutes a third degree felony as p | are true. I am aware that any false information submitted in a document  |
| (In)                | All In A Land   | 2/15/15  |
| <del>~ 7</del>      | Required Signature of Incorpora   | ator Date  |